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d to a collection of information unless it displays a valid OMB control number.

Und	PATE	Reduction Act of	ATION	FEE DETER e for Form PTO	RECORD		Application	TOTO TO	\$3	
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
ATTHORD EXTRA				RATE	FEE		RATE	FEE		
BASIC FEE						325	OR		<u>:790.4</u>	
(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = *					x ሕS₌		OR	x 5 0=		
	FR 1.16(c)) PENDENT CLAIM	is .				x./00		OR	x•20€	
(37 CFR 1.16(b)) minus 3 # *				180		OR	+:360			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+:102	<u> </u>			
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL .	
CLAIMS AS AMENDED - PART II							•			
	(Column 1) (Column 2) (Column 3)				SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
Κ	·	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- 110NAL FEE
曾	Total	AMENDMENT	Minus	"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	=	× 265 =		ÖR	×.50	
AMENDMENT	(37 CFR 1.16(c)) Independent	× ()	Minus	" 2	=	× • • • • • •		OR	x:200	
ME	(37 CFR 1.16(b))	<u> </u>	<u> </u>		D 4 40(d))	100		OR	+.360	
_ ₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$/C(E)		1	TOTAL	
						ADD'L FEE	L <u> </u>	OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			٠ ٦	·	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x . <u>გ5</u> ₌	<u> </u>	OR	× • 50	<u></u>
띪	Independent (37 CFR 1.16(b))	•	Minus	***	t	× : 100		OR	× 2000	
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+.180		OR	<u>0∂6</u> ,₊	
FIRST PRESENTATION OF MOETINGE SELECTION						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		,	-		T
ΩF		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	× : 25 =] .	OR	x . 50 ₌	
2	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))		Minus	***	=	× \$ 100		OR	× • <u>300</u> 0	<u></u>
AMENDMENT	TO STATISTICAL OF AUSTICLE DECEMBER CLAIM (37 CFR 1 18/d))					100		OR	+ ,360	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL	 	7	TOTAL ADD'L FEE	1
AVAIL and the problem 1 is loss than the entry in column 2, write "0" in column 3.										
If the entry in column 1 is less than the entry in column 2, while 5 in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".										

*** if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3":

*** If the "Highest Number Previously Paid For" (Total or Independent) Is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information of the

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

2003-0420.01

CLAIMS AS FILED - PART I . (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			2					RATE	FEE	1	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
το	TAL CHARGEA	BLE CLAIMS	Z minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	Z mi	nus 3 = .	•			X43=		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	770
	. С	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 3)				SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	* ·	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		-		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		J	+145=	-	OR	+290=	
					•		1	TOTAL		OB	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		e ·		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	_	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		J	+145=		OR	+290 <u>÷</u>	
·							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	糖		3		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86≂	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												